

NASA HEALTH PROMOTION AND WELLNESS (HPW) COMMITTEE

Minutes for: September 11, 2008

Attendance: "X" means present

ARC	<input checked="" type="checkbox"/>	HQ	<input checked="" type="checkbox"/>	DFRC	<input checked="" type="checkbox"/>
JPL	<input type="checkbox"/>	DYN	<input checked="" type="checkbox"/>	GSFC	<input checked="" type="checkbox"/>
JSC	<input checked="" type="checkbox"/>	KSC	<input checked="" type="checkbox"/>	MSFC	<input checked="" type="checkbox"/>
GRC	<input checked="" type="checkbox"/>	SSC	<input checked="" type="checkbox"/>	WFF	<input checked="" type="checkbox"/>
LRC	<input checked="" type="checkbox"/>	MAF	<input checked="" type="checkbox"/>	WSTF	<input checked="" type="checkbox"/>

Welcome

Mae Hafizi

For your convenience, minutes are always color coded. Any thing in red requires your review, attention, and/or feedback.

Today's guest speakers are from the Mayo Clinic:

- Kirstin Wood – Walk to Wellness
- Matthew M. Clark, PhD – Overcoming Barriers to Health Behavior Change

HPW Communication-

Mae Hafizi

HealthierYou is an Agency-directed health promotion and wellness annual Campaign. The components for the upcoming Campaign are as listed below and on the ohp website.

<http://ohp.nasa.gov/disciplines/hpromo/campaigns/2009/index.html>

- **For a HealthierYou Quarterly E-newsletter**

This quarterly e-newsletter is developed by the NASA Occupational Health Office for the purpose of employee health education and awareness. The PDF is posted on the *Mayo Clinic EmbodyHealth* web portal and the ohp website. In 2009, we will be addressing health and safety in the aging workforce. The purpose of the newsletter is to provide the HPW team and the employees with another tool to heighten awareness on four topics related to healthy aging. Generally, we identify two topics per year for a focused approach. Last year we concentrated on Melanoma and Coping with the stress of being a caregiver. With this e-newsletter we will be addressing four topics.

- **2009 HealthierYou Calendar**

The calendar is tentatively due for release on October 31, 2008. The theme for 2009 takes a close look at how humans and their environment impact each others health and sustainability. The calendar includes an interactive matching test. **If possible, utilize the calendar as an incentive for completing the Health**

Assessment on the Mayo Clinic EmbodyHealth website. Or make completion of the Health Assessment part of clinic visits or fitness center membership. Calendar evaluation tool will remain on the ohp website.

- **Mayo Clinic EmbodyHealth Newsletters**

On monthly basis, we will continue to distribute the Mayo Clinic EmbodyHealth newsletters (hardcopy) to all Clinics.

- **Influenza Vaccination Drive**

The Influenza Vaccination Campaign is held annually at all NASA Centers. During the 07-08 flu season NASA Occupational Health vaccinated 20,226 employees:

- 7,294 NASA CS
- 12,225 Contactor
- 707 Other

Once your vaccination drive is complete please provide Mae Hafizi at homeyra.hafizi-1@nasa.gov with the following information:

- Total flu vaccines given to NASA CS, Contractors, Others
- Name of vaccine and its manufacturer
- Cost of purchasing the vaccine

- **Mayo Clinic EmbodyHealth web portal and Health Assessment**

[Mayo Clinic EmbodyHealth](#) web portal includes a Health Assessment formerly known as Health Risk Assessment. The name was changed to avoid confusion with Health Reimbursement Accounts. In 2009, embedded in the Health Assessment will be Tufts University's validated 8-question set titled Work Limitations Questionnaire (WLQ). The purpose of the WLQ is to assess work impairments and productivity loss associated with behavioral risks.

To access EmbodyHealth, NASA workforce will continue to require a unique identifier. The unique ID will remain as it has been in the past two years. Employees can also contact Gail Bantugan or Mae Hafizi to obtain the identifier. Our emails are gail.a.bantugan@nasa.gov or homeyra.hafizi-1@nasa.gov.

This service will be available for the entire year (2009). In preparation, please develop a communication plan to methodically and proactively promote the web portal. For assistance and ideas please visit the NASA Toolkit at http://ohp.nasa.gov/disciplines/hpromo/mayo_toolkit/index.html

Some key aspects of success in promoting the web portal are:

- One person should assume the leadership role while some key members of the Occupational Health staff (medical, IH, fitness, EAP, etc) participate in outreach.
- Senior management from NASA and Contractor companies are directly involved and carry the message of engagement and participation.
- Additional Center-designate incentives, even small incentives can make a difference. The Agency provides incentives for the first 1,000 employees who complete the Health Assessment.
- Senior Managers and the Occupational Health staff can consider recognizing employee groups or employers that show a significant degree of participation.

Health Promotion and Wellness website

Mae Hafizi

We are still in the process of re-constructing our two Health Promotion websites. One will be devoted to health promotion professionals and the other to the NASA employees at large. More information to come once the two sites are redesigned.

2008 YTD *Mayo Clinic EmbodyHealth* Data

Mae Hafizi

Please Note: The *Mayo Clinic EmbodyHealth* Health Risk Assessment (HRA) is now titled Health Assessment to avoid confusion with Health Reimbursement Accounts which also uses the acronym HRA.

- Completed Health Assessments -1,890
- Enrollment in the online behavior modification Programs:
 - Fitness for Everybody - 131
 - Healthy Pregnancy - 11
 - Healthy Weight - 224
 - My Smoke-Free Future - 16
 - My Stress Solution - 56
- Agency wide Health Management Priorities based on the 1,890 completed Health Assessments are as such;

Priority Medical Conditions

2008 YTD	Number	Percent
Allergies	539	28.5%
Hypercholesterolemia	384	20.3%
Hypertension	309	16.3%
Arthritis	192	10.2%

Priority Medications

2008 YTD	Number	Percent
Hypertension	354	18.7%
Hypercholesterolemia	309	16.3%
Allergies	235	12.4%
Ulcer or GERD (Gastroesophageal Reflux Disease)	132	7.0%

Medical Risk Factors

2008 YTD	Number	Percent
Weight	1215	64.3%
Hypertension	984	52.1%
Cholesterol	307	16.2%
Triglycerides	257	13.6%

Lifestyle Risk Factors

2008 YTD	Number	Percent
Nutrition	1548	81.9%
Safety	1383	73.2%
Emotional Health	1171	62.0%
Exercise	919	48.6%

Ready to Change

2008 YTD	Number	Percent
Exercise	344	18.2%
Weight	288	15.2%
Nutrition	257	13.6%
Emotional Health	53	2.8%

Walk to Wellness Campaign

The Walk to Wellness module, a ready-to-use interactive health promotion and education tool, will be made available on the *Mayo Clinic EmbodyHealth* web portal as a 28-day walking campaign. Registration dates are Oct 7-20th. Campaign dates are Oct 21 - Nov 17. Some Centers have an already established walking program, some are thinking about initiating one. The W2W will be a great asset to the latter.

We encourage Centers to promote the Walk to Wellness Campaign as part of their Wellness Initiative. The module is intended to encourage people to incorporate walking in their daily routines and it is suitable for people at every fitness level.

The Walk to Wellness participants must register for the Campaign in order for us to receive aggregate data on enrollment and completion. The data can be separated by Center if you are interested in center-specific numbers.

- Enrollment takes place before the campaign begins – **October 7 through October 20, 2008**
- During the enrollment period, individuals select their goal and decide to join a walking group or to walk alone
- Once the campaign begins on **October 21**, enrollment is closed and selections cannot be changed. The Campaign ends on **November 17**.

We hope the module provides you with another tool to educate and motivate the NASA workforce. You have two options: 1) to promote the module as part of a coordinated center initiative or 2) keep it as an individual challenge. Which means the employees who are registered users on EmbodyHealth will come across the module as they visit the portal. If interested, they can simply enroll and proceed. Their reward, as mentioned by the Mayo Clinic staff, is the ability to download one of the Mayo Clinic publications.

The pp presentation is posted on the ohp website.

Effective Wellness Interventions: Overcoming the top 10 Barriers to Health Behavior Change

Matthew M. Clark, PhD
Mayo Clinic

Most adults know their health risks, so education alone is not the solution. What are some effective ways of addressing sustainable behavior change? What are barriers to behavior change?

Top Ten Barriers to Change and Recommended Approaches:

1. Psychological difficulties such as low grade depression, anxiety, substance abuse, psychotic disorders must be addressed. Based on the Mayo Clinic Health Assessment data base 64% of the participants in 2007 indicated emotional health as a risk factor. Presenteeism data has shown the economic burden of depression as well. Studies have also shown that depression affects compliance to medical treatment and reduces adherence to the prescribed treatment plan. Recommendation: Providers should make a conscious effort to include mental health screening in their history and physical exam. Health promotion programs should include screening/psychological surveillance and information sharing as a major part of their overall plan. Treatment should be referred to EAP and outside professionals.

2. Stress management issues greatly affect an individual's outlook and response. There are many studies that address this cause and effect relationship some of which were discussed by Dr. Clark.

Recommendation: Teaching clients to understand their trigger events and their responses to these events should be part of the overall health promotion program. For example, stress at work could lead to extra snacks from the vending machine while stress at home leads to skipping exercise routine and smoking more. Keeping a journal is a wonderful tool. It can help an individual identify how they react to each of these six common personal high risk trigger points: 1) Negative mood, 2) Positive mood; 3) Social, 4) Thoughts, 5) Physical, 6) Habit. Once you help a person recognize more realities about themselves you can develop individual approaches to treatment as well as population based educational outreach to inform the employees at large.

3. Limited knowledge about personal health and lifestyle risks must be addressed through variations of health risk information sharing.

Recommendation: Go beyond simple information sharing, provide training in behavior change, teach self-management techniques, find teachable moment and seize the opportunity.

4. Lack of individual treatment matching model can delay provision of appropriate treatment. It is essential to individualize treatment plans. How would you approach these two cases: 1) A 400 pound individual with the goal of losing

1 lb/week for a total of 200 lbs. 2) A 200 pound individual with the goal of losing 1 lb/week for a total of 30 lbs?

Recommendation: Literature has a wealth of information about evidence based treatment. The challenge for providers is to know their clients well enough to develop an individualized plan with outcome measures and reassessments.

5. Poor understanding of the behavior needing attention and modification can be addressed by uncovering the client's perception of perceived effects of the behavior.

Recommendation: Ask clients to develop a table of Pros and Cons or a Decisional Balance table as below.

Decisional Balance for Exercise

Pros	Cons
<ul style="list-style-type: none">o More energyo Improved body imageo Better health and optimal weight	<ul style="list-style-type: none">o Painful and sore muscleso Takes too long to lose weight, need a quick fixo Miss the opportunity to eat lunch with peers, social events are no fun because I can't eat what I want

6. Outcome oriented goal setting strategies can assist individuals in setting attainable/sustainable goals. Most times individuals set unrealistically high goals, placing them at risk for relapse or failure. Refer to the two cases presented in bullet #4 and determine how you would set SMART goals for each of the cases. And how you would assist the two clients to set SMART goals.

Recommendation: Educate, educate, educate. Help your clients in setting SMART goals. SMART stands for goals that are Specific, Measurable, Attainable, Realistic, and Track-able. Once again, encourage them to keep a journal. It is a great tool and studies have shown that those who record and track are more successful.

7. Low self-confidence for change must be addressed. A study was done with a group of freshman college students. They were all active at the start of the year. When surveyed again, later in the year, one sub-group had maintained their exercise routine while another sub-group had stopped. When their initial responses were examined it was realized that those who had maintained had scored high in self-efficacy. Studies have shown that self efficacy is a predictor of exercise relapse.

Recommendation: Address the concept of self- efficacy with your clients.

8. Shifting beliefs about changing the behavior is a must. Studies at the Mayo Clinic and other institutions have shown that providing counseling and education

to newly diagnosed patients is a positive predictor for success. It is best if counseling is provided within the first 3 months of diagnosis. These opportune windows of time are called teachable moments.

Recommendation: Motivational level is a predictor of outcome and sustaining health behaviors. Build motivation for change by addressing Importance and Confidence. Utilize this grid to help focus your attention. Develop ongoing strategies to maintain motivational level.

<p>Low importance Low confidence Change is not important, believe they can not succeed</p>	<p>Low importance High confidence Not persuaded to change, believe they could if they decided to</p>
<p>High importance Low confidence Willing to change, but lack confidence</p>	<p>High importance High confidence Ready to change</p>

9. Lack of social support can hinder progress in behavior change. Quality of the relationship between the counselor and the client is critical to effective change. Let's take a moment: Think about someone who has motivated you in the past. What was about that person that made them special to you? Maybe it was the way they communicated with you or took a personal interest in you. Recommendation: Take a collaborative approach with your clients. Train yourself in the art of motivational interviewing. Encourage your clients to join a support group or identify friends and family that exude positive energy.

10. Relapse to unhealthy behavior shall be addressed in the areas of abstinence (smoking or substance abuse) and moderation (eating and exercise). Recommendation: Incorporate relapse prevention strategies from the start. Teach the use of Positive Self-Talk to overcome mistakes. If an individual reacts to one episode of overeating as a failure and becomes frustrated with feelings of guilt, it can result to more overeating. Help them challenge that all-or-nothing thinking. Teach them to seek social support, and plan positive activities.

The pp presentation is posted on the ohp website.

Future ViTs

- Thursday 12/11/2008 11:00 AM - 12:00 PM

Meeting adjourned at 12:00 Noon.
Respectfully submitted,

Mae Hafizi
9/12/2008

